MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4797

File No. 502

Registered No. 502

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kansas — Primary Registration District No. 1009

City: Kansas City (No. 1219 Bales St. Ward)

2. FULL NAME: Ethel Mary Orr

(a) Residence. No. 1219 Bales St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: WW

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernest N. Orr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 9 1880

7. AGE: Years 46 | Months 6 | Days 1 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Atchison
(STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Geo. N. Stockwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Annie Cowell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Ernest Orr
(Address) 1219 Bales

15. FILED 2/11, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/10 1927

17. I HEREBY CERTIFY, That I attended deceased from 2-8, 1927, to 2-10, 1927, that I last saw h. alive on 2-10-(10 a.m.) 1927, and that death occurred, on the date stated above, at 12:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus 59
(Patient known her symptoms about two years ago.)
at least (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 59
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? not knowledge.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urine Anal.

(Signed) G. H. Anderson, M. D.

2/11, 1927 (Address) 608 Commerce Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Elmwood — DATE OF BURIAL 2/12 1927

20. UNDERTAKER: Mrs. C. L. Faster — ADDRESS City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHEN PRINTED WITH STRADDLE LINE THIS IS A PERMANENT RECORD

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Dan H. Anders
608 Commerc